Introduction
The ‘care crisis’ has been a recurrent theme in feminist debates and academic studies on care, welfare and social citizenship. The care deficit is a particularly burning issue in the ageing societies of Southern Europe. In Spain, the concept has attained major relevance as the traditional model of informal family care has been questioned (Vega Solís, 2009; Pérez Orozco & Gil, 2011), particularly when it comes to the care for older dependent people. It has become imperative to address the problem of how to meet the care needs of older people in policy-making and public policies. The recognition of care work and the redistribution of responsibility for and resources to care are issues deeply embedded in debates about care for older dependent people.

The paper focuses on home-based eldercare and care work in Spain. Spain can be described as a family care regime in transition. The high degree of ‘familialism’ of the Spanish welfare state implies that eldercare is, to a large extent, constructed as a private concern and, in practice, women’s responsibility. The family care-givers are predominantly middle-aged women of working class background who give intensive care for a prolonged period of time. The 2006 Dependent Care reform created a universal right to support for people in ‘situation of dependency’. While this social reform has established eldercare on the political agenda, the economic crisis and subsequent austerity measures involve re-orienting eldercare policy in ‘cost-effective’ ways. There is also an increasing ‘commodification’ of care that goes mainly through the employment of domestic workers, predominantly women and migrants, for home-based and often ‘live-in’ care. After many years of advocacy for workers’ rights, domestic workers’ lack of labour- and social citizenship rights was recently addressed in the 2011 Household Employment Act. However, the implementation of the reform remains a challenge. In the context of the economic crisis domestic workers’ rights to dignified salaries and working conditions is still a pending issue.

Care regimes and the care policies that constitute them are underpinned by normative assumptions about care; how it should be performed, by whom and where. Following from this, public policies inform the distribution of care between gender, and between the state, family and market and shape the conditions and valuation of care-giving work. The norms embedded in care regimes do not go without contestation. This paper explores how struggles for recognition of care work are articulated among organisations working to promote the interests of care-givers, care workers and older people. Empirically the paper draws upon semi-structured interviews with different organizations involved in the ongoing debates about eldercare and care work. Their accounts of the problems of eldercare, of recognition and redistribution, and of the prospects and obstacles for change are central here. The analysis also aims to explore the following questions: How do claims differ between on the different categories of care-giving work? In what ways do these struggles reflect, reinforce and/or contest the family care regime?
Eldercare, care work and care regimes

Eldercare is in this paper delimited to social care, with a focus on home-based care. The concept of care can be linked to the notion of dependency. Within this vein, the core of care-giving work is the dependency of the other person, that she/he cannot do it herself (Wærness, 1984). This notion of care is highly relevant for the analysis of eldercare. In this study I focus on both care of the body and care of the home, considering that the older person in need of help and support cannot do it herself, or only with great difficulties.

“People do not spring up from the soil like mushrooms. People produce people. People need to be cared for and nurtured throughout their lives by other people, at some times more urgently and more completely than at other times. Who is available to do the labor of care and who gets the care they require is contingent on political and social organization. Similarly, norms surrounding both the giving and receiving of care, while dictated in part by the nature of human need, is also conditioned by cultural and ethical understandings and by economic and political circumstances. The distribution of care therefore is a question of justice…” (Kittay et al., 2005: 443).

Care is a contested concept which has been widely explored, particularly within feminist scholarship. The above quote point out some central ideas; care-giving and care-receiving is likely to be features of our lives and in this sense care is something universal. At the same time, care is constructed very differently in different cultural contexts and economic and political circumstances. The distribution of care, who provides care and who receives care, can be understood as a matter of justice.

Care work is definitely gendered work. Women dominate in paid and unpaid care work, and the work is coded as feminine. Among the key contributions of early feminist research was the reclaiming of women’s unpaid care or domestic work as ‘work’. Feminists have discussed and criticized the idea of care as a ‘labour of love’, without denying the emotional and relational dimensions of care work. Also paid care work is economically and culturally undervalued work (Razavi & Staab, 2010). Home care for older people has suffered from the association with the domestic/private sphere and with older people, both with attributed low status (Dahl, 2004: 328). How care work intersects with gender, class, race, ethnicity and migrant/citizen status has been explored in numerous studies on domestic work (see Sainsbury, 2014).

The care for dependant older people is closely related to social policy and the shifting boundaries of the Welfare State. Feminist social policy analysis has revealed gender differences in social citizenship arguing that Welfare States accord women a second-class citizenship because of their involvement in unpaid care-giving work (O’Connor, 1993; Orloff, 1993; Knijn & Kremer, 1997; Lister, 1995). Pointing at the centrality of care, feminist approaches to social citizenship have challenged the construction of the ideal citizen as the ‘citizen worker’. An inclusive citizenship has been envisioned, based on the assumption that every citizen, male or female, at some time or another has to take care of people they care about (Knijn & Kremer, 1997). Care has to be recognized through rights and entitlements for those providing and receiving care.

European care regime research analyses and compares the care dimensions of Welfare States and the diverse ways of distributing paid and unpaid, family and non-family, public and private modes of providing care for children and older people (Anttonen & Sipilä, 1996; Daly,
In a comparative perspective, the Nordic model of universal care comes closest to an inclusive citizenship. This means that State responsibility is legally established in eldercare and publicly financed care services are extensive. In the Southern European family care regime, in contrast, social rights related to care-giving and care-receiving are much more limited. Familialism prevails, meaning a permanent trust on the family, on its intergenerational solidarity and on its gender structure as provider of help and support (Saraceno & Keck, 2010). However, while households with low incomes mainly rely on informal unpaid care, middle- and upper-class households increasingly use market-provided care services. The commodification of care largely goes through the direct employment of domestic workers, predominantly women and many of them migrants. A much higher percentage of migrant women are employed in paid domestic work in Spain, Italy and Greece - the three countries with the poorest public provision of care services - than elsewhere in Europe (Kofman, 2010). Indeed, scholars have discerned a transition from the family care model toward a ‘migrant-in-the-family’ model of care (Bettio, Simonazzi & Villa, 2006). Recently attention is being paid to intersecting regimes, with a focus on how care, migration and employment regimes interact and shape migrant care work in different contexts (Williams, 2012; Van Hooren, 2012; Skornia, 2014; Da Roit & Weicht, 2013).

The care regimes research has contributed widely to our understanding of the social organization of care in different contexts. The care regime research, and also the research on intersecting regimes, explores policies and social practices at ‘macro’ and structural levels. Numerous studies have also related the intersecting regimes to the micro-level and particularly migrant care worker’s experiences and individual strategies. In many cases, the care regimes appear as a fixed model that goes without contestation. Within this vein, collective mobilization, organization and resistance against injustice in the name of caregivers and care workers are generally absent in this literature. This paper aims to contribute to the care regime research by adopting a bottom-up approach. Empirically, the paper explores the collective struggles for recognition of care-giving work. In this study I include organizations advocating the interest of family carers and domestic workers. Their accounts of the problems of eldercare policy, the valuation of care and the prospects and obstacles for change are central. The paper examines how the framing of ‘recognition’ differs depending on what category of carer is in focus. It also explores how the discursive struggles reflect, reinforce and/or challenge the family care model.

**Struggles for recognition: theoretical perspective**

Scholars have emphasized that revaluing care work is a necessary component of any struggle for a just society (Tronto, 1994; Fraser, 1997; MacDonald and Merrill, 2002). My analysis of recognition takes its point of departure in political theorist Nancy Fraser’s theory of social justice. Fraser has written extensively on care and social justice from the point of view of feminist critical theory.

Fraser criticizes the approach of recognition that focuses on difference, identity and identity politics. She proposes to define recognition as a question of *equal status*. Embracing a status model of recognition means that claims for recognition seek to establish subordinated groups as full partners in social life (2000: 113). Recognition - and misrecognition - stem from social institutions, such as law, governmental policies and practices, wherein some categories are constituted as normative and others as inferior, excluded or simply invisible
(Fraser, 2000, 2007). Within this vein, recognition is considered a question of institutionalized value patterns, politics and justice (Dahl, 2004).

Further, Fraser’s theory of social justice encompasses both recognition and redistribution (2007, 2003, 1997). She contends that questions of recognition should work as enriching redistributive struggles and not to marginalize, eclipse and displace them. Feminist struggles for redistribution cannot succeed unless they are joined with struggles for cultural change aimed at revaluing care-giving and the feminine associations that code it. Likewise, in view of gross economic inequalities recognition claims are liable to the charge of being “merely symbolic” if they are not linked to questions of redistribution (2007: 32-3). Cultural and economic injustices are always imbricated with one another. But she points at the usefulness of analytically distinguishing these injustices and exposing their different logics.

We can for analytical purposes distinguish between cultural and economic injustice, and recognition and redistribution, in the field of eldercare (e.g. paid and unpaid care for older dependent people in their homes). Cultural injustice can be related to the devaluation of care work; including ‘women's work’, the domestic and older people. While the problem is the unequal status of care-givers, the remedy is related to recognition. Economic injustice is linked to unequal distribution and gendered divisions of work and wages. Care-givers and care workers are underpaid and overworked. The remedy is linked to redistribution of responsibility and resources.

In this paper I also draw on the work of MacDonald and Merill (2002) who point out that care work is a “paradigmatic case of the intersection between social recognition and economic redistribution” (MacDonald & Merill, 2002: 67). They emphasize that Frasers’ framework allows us to elaborate on the connections between recognition and redistribution and enables us to how interconnections are manifested in practice. However, they consider Frasers’ definition of recognition as institutional recognition too narrow. In their analysis of the advocacy for the recognition of care work they stress that intersubjective recognition also needs to be considered. Intersubjective recognition is related to the experience of recognition and misrecognition. In their study it was articulated as getting recognition for the relational and emotional aspects of care, and that the relationship between care-giver and the care receiver is made visible. This distinction is also useful for the empirical analysis that I present in this paper.

A key assumption in my analysis of struggles for recognition is that the meaning of recognition is contested. In that sense struggles for recognition first of all deals with what would be included in the concept (Kompridis, 2007; Pettersen & Simonsen, 2010). The meaning is contingent upon the specific social, historical and political context. As such, the care regime and the institutional context condition the struggles for recognition (Hobson et al., 2007; Dahl, 2004). By taking a closer look at the struggles of organizations that promote the interests of paid and unpaid care-givers and care workers I hope to make an empirical contribution to the, as Hugemark and Roman remarks, often abstract debates about recognition (2007). In the analysis I explore the framing of recognition as articulated in the interviews with attention to claims for economic and cultural justice, and how these claims are played out and balanced with reference to family care and domestic work.

**Method**
The analysis is based on the interview material. I conducted 17 semi-structured interviews (January-July 2014) with representatives of different interest organizations. The organizations
include family carers’ organizations, diagnose-centred organizations focusing on people with Alzheimer and their families, feminist organizations, migrant associations, domestic workers’ organizations, trade unions, social workers’ organisation, and NGOs. The organizations reflect diversity: the study includes national and local organizations, they promote the interests of different categories of care-givers, mainly family carers and domestic workers. They have different perspectives (feminist perspective, trade unions, patient-oriented, migrant organizations, social workers organizations etc.). The also represent different forms of organization, from locally rooted grass-root associations to national stable organizations.

The organizations were selected on the basis that they promote the interests of care-givers, care workers and/or older people. Importantly, this does not mean that the interests are pre-established and fixed. I see organizing in the name of care-givers and care workers as involving a process in which the care-givers’ needs and interests are constituted and politicized. The organizations are involved in the ongoing debates surrounding eldercare and care work. I do not analyse influence on policies and in politics, but the organizations themselves have an explicit ambition to be a voice, to represent and/or promote the interests of carers. Many of the people I interviewed were care-givers themselves, although this was not a criterion for selecting organizations. The interview questions were structured along three themes:

- The organization: key problems and issues, objectives, claims and proposals, activities, obstacles, strategies and ‘alliances’, voice
- Public policy: perspectives on eldercare policies and other relevant policies in force
- Care-giving work: problems of the care-givers, specific claims regarding care work, meanings attached to the valuation of care work

The duration of the interviews has been approximately 1.5 hours. In most cases I interviewed one person, in some occasions two persons assisted and at one occasion up to five people participated. These interviews were fully transcribed. They were analysed according to common themes, related to the framing of ‘problems’ and ‘solutions’.

**Family care and domestic work: policies and practices of eldercare in Spain**

A study from 2010 shows that 83 percent of older people with care needs receive informal care, 13 percent have private care services and 7 percent get support from publicly financed services (Rogero, 2010: 329). Among older people receiving informal care, 78 percent have no other private or public support (ibid., 228). In eldercare, the primary care-giver is most often a woman over fifty years of age with a low level of education and whose main occupation is unpaid care and domestic work. Studies have demonstrated that eldercare in the Spanish context involved many hours of work and it is often carried out by the primary carer in isolation (Rodrigues et al., 2011). Given the intensity and long hours, it may not be surprising that 87 percent of the carers report negative effects on health, economic situation and/or social life (Rogero, 2010: 56).

Eldercare entered the national political agenda with the 2006 Personal Autonomy and Dependent Care Act. The policy was elaborated on the initiative of the Socialist government and the negotiations involved a range of different actors; the most influential were the trade unions, the employers’ organizations and the organizations representing older and disabled people (Serrano, Artiaga & Davila, 2013). The Act laid the foundations of the SAAD System for Autonomy and Care for Dependent Persons, defined as the fourth pillar of the Spanish welfare state. The Act established a universal right to support, a catalogue of social services
was developed and an allowance for family care was introduced. The right to benefits and services is established through an evaluation of the level of dependency of the individual applying. After that, the kind of help (e.g. social services or economic benefits) that will be provided is established within the framework of the so called Individual Care Program (Programa Individual de Atención). The Act promoted dependent people to stay in their “usual environment” as far as possible. At the same time, the Act stated that social services, such as home help, should be prioritized and allowances for family care should only be exceptional.

This policy reform created high expectations regarding the extension of social citizenship in Spain. However, given the low intensity of publicly financed services, the support provided is merely complementary to informal family care (Rogero García, 2010). Moreover, the implementation of the Dependent Care Act coincided with the beginning of the economic and financial crisis. The norm of austerity underpins recent cuts in social spending in dependent care policy (Rodríguez & Marbán, 2013; Ibañez & León, 2014). While public services have been reduced, the care-allowance for family care has become more widely used (Martínez Buján, 2010). Studies show that cash benefits amount to 50 percent of all benefits and services (Rodríguez & Marbán, 2013: 214). It is taken to be a ‘cheaper’ alternative, for the families for not conveying co-payment and for public authorities considering the higher costs of social services.

There is an increasing commodification of eldercare, canalised through the domestic service sector. Among older dependent people, 10.4% have domestic workers as the primary care-giver and the percentage goes up to 14.5% when including domestic care workers who are not live-ins (Martínez Buján, 2011, p. 102). The tasks that domestic care workers perform are diverse and span from cleaning, cooking and washing clothes, to accompaniment and personal and nursing care (Rogero & Martín-Coppola, 2010). In many cases, the workers are expected to do very long hours for low pay. This means, particularly for live-ins, that they have to be on call 24 hours to respond to the older person’s needs (Martínez Buján, 2010, 2011). Caring for older people in private homes has turned into a frequent field of employment among migrant women (Climent 2011; Martínez 2010; Escriva and Skinner 2008). Statistics from 2009 shows that over 90% of the employees registered with the Special Regime for Domestic Workers were women and 63% of the registered employees were non-nationals (National Institute of Statistics 2009, in León 2013: 173). Further, the great majority of live-in workers are migrants and many of them are undocumented (Marcu, 2009; Agrela Romero, 2012). However, due to the importance of the informal economy, statistics on domestic care workers in eldercare are deficient.

The Special Regime for Domestic Workers was first created in 1969 during the Franco regime. Regulated only by civil law, the ‘atypical character’ of work in the home justified the exclusion of domestic workers from labour law until the 1985 reform (León, 2013). The Special Regime for Domestic Workers of 1985 also provided far less social protection than the General Regime of the Social Security system. Written employment contracts were not required, workers were excluded from unemployment benefits, professional illnesses and accidents were not recognized, sickness leave was covered only from day 29, up to 45% of the salary could be paid in kind (food and housing), presence time without pay was accepted, and so on. The employer was required to pay Social Security contributions only if the number of working hours exceeded 20 hours per week. By appealing to the priority of rights of private family life, workers’ rights were subordinated to employers’ rights (León, 2010). The Special
Regime was criticized and challenged by a variety of social and political actors, such as domestic workers’ associations, migrant associations, feminist organizations and trade unions. Even the European Commission has criticized the Special Regime for violating the Directive on equal treatment of men and women (Peterson, 2011).

A legal reform, Act on the Special Labour Relation of Household Service of 2011, recently addressed the labour- and social citizenship rights of domestic care workers. The reform was elaborated by the Socialist government and it coincided with the International Labour Organization’s landmark treaty setting standards for the treatment of domestic workers (Peterson, 2011). In spite of the legal change towards ‘equal right’, there are important obstacles of improving the situation of the workers, such as the strong presence of informal work and the weak position of migrants and informal workers in defending their rights. The sector is hardly unionized and the rights of domestic workers are often defended by the third sector and domestic workers’ associations, which are excluded from social dialogue (García, Santos & Valencia, 2014; Peterson, 2007). There is also a lack of monitoring of compliance of the law (Ibañez & León, 2014). Without a doubt, the implementation of the reform remains a challenge.

**Framing ‘problems’ and ‘solutions’: Family care**

The organizations strongly put forward the legitimacy of the new law, the Dependent Care Act. They emphasize that the reform is a positive step forward and their view is that this new policy has wide support among citizens. There is a great need, as one representative ironically expressed it: Spain is the champion of informal care! The law has made eldercare a public and visible problem on the political agenda. The success of putting eldercare on the agenda contrasts sharply with the failure of implementing the law.

For me, the Dependent Care Act has placed on the agenda an issue that millions of households lived in isolation, right? As something private that had no solution... So I think that's really important, right? In other words, it is to put the issue of care of the elderly on the political agenda. But then the resolution is poor and so on, but ... but at least we know it's there. (FPF)

The lack of implementation and monitoring of the law is related to a wide range of issues: the lack of publicly financed and flexible services, lack of ear-marked economic resources and funding to implement the law, long administrative processes (some people even pass away before they get help). The law has established a universal right to support for “people in situation of dependency”, but the organizations stress that in practice it is not a universal right, many dependent older people still do not get support, when they get help the needs are not covered and they have to pay for the services they get. The economic crisis and the austerity measures have motivated changes in the Dependent Care Act and have informed the implementation. The already limited services have been reduced in intensity, benefits have been reduced, and co-payment increased. Some considered the economic crisis as an excuse to reduce costs and not developing the services that the law had contemplated. There is an excessive use of the care-allowance instead of services. The organizations that reject the care-allowance emphasize that the allowance institutionalizes precarious work that women do, by making them responsibility for care yet without recognition them as workers. That the allowance is extremely low reflects the fact that this work is undervalued. Particularly the
feminist organization stresses that unpaid family care is work, and that the women that care for older dependent relatives are workers.

Claims for redistribution mainly deal with the necessity of sufficient funding to implement the law. It also deals with the shifting the responsibility of care from unpaid family care to paid care work. Trade unions, social workers’ organization emphasized, for instance, that the way to promote good care is to radically reduce family care and create employment in care. The strategy adopted for redistribution claims is related to creating critical debate, to engage with political debates, and try to make the media report on the issue of ‘dependent care’ to keep the issue on the agenda. Independent monitoring of the implementation of the Dependent Care Act is also part of the strategy of some of the organizations.

Family care-givers are most often women, and some of the organisations emphasized the problem that women have no choice; in Spain women care because they are “condemned to do it”. Different explanations to women predominance in care-giving appear in the interviews. One emphasizes the cultural aspect which makes women “care for love”; women believe it is their obligation, as daughters, wives, daughters-in-law (PILARES). Another idea stresses the economic aspect and that it is the lack of social services that impedes the option not to care.

Well, people say that this has to do with a cultural model, that Spain the cultural model has been that of caring [for older people] in the home care and so on. I disagree, I totally disagree, because I have the feeling that if we investigate this well, if they can choose people decide... the problem is capacity for choice. If adjusted services really existed, with a minimum of intensity, or a minimum of capacity, people would opt for the services. (DM)

That carers are overburdened is strongly emphasized among the different organizations. Care means 24 horas a day! Given the long hours of care work, that the work is physically and emotionally heavy and that the care-givers are often alone with the responsibility and isolated in the home, stress, depression and burn-out are not uncommon consequences of the caring of older people. A wide range of consequences were also highlighted by the organization: negative social, psychological, economic and labour-related affects. The unequal distribution of caring within the family (e.g. between daughters and sons) is a problem reflected in several interviews. This is combined with the abandoning of the primary carer as the rest of the family avoids getting involved. When the care is carried out during several years, dependency is not only about the older person needing care, but the carer also become ‘dependent’ on the person they care for. As one representative said: “you give up your own life to care for someone” (AFA). The situation may also be even more difficult when it comes to the care for people with Alzheimer, given that this diagnose is accompanied with stigma and people lack knowledge about the illness (CEAFA). The bellow cited quote is an example of how the organizations talked about the problem of overburden and the negative consequences of caring:

You have to keep in mind that caring for a person with Alzheimer is twenty ... twenty-four hours day and night, and so many of them are forced to give up their social life and also their work life, and so, well, we have a breeding ground for the primary family caregiver to suffer from depression, anxiety, to get physical-somatic disorders, which in addition to adversely affect their quality of life, it affects negatively to the quality of care or who can pay attention to ... the person who is ill (CEAFA)
Among some of the organization the focus on self-care is strong. That care-givers do not care for themselves is problematic for their own sake, their wellbeing and life quality, but also because they will not be able to give adequate care.

Among the organizations representing and promoting the interests of family carers’ claims for recognition strongly stress recognition of carers needs. ‘Care for the carer’ relates to the intersubjective level of recognition and deals with listening to carers, providing information and psychological support, creating mutual support groups. The family carers are most often marginalized when the focus falls upon the older dependent person they care for, but in the family care-giver organizations the needs of the care-givers get recognition. Recognition comes mainly from other being seen and listened to by other carers and the professionals working with them in the local level associations. The family care-givers can also develop strategies on how to manage their situation with a focus on learning about care for older dependent people and people with dementias. Family carers’ organizations expressed that participation in carers’ associations is a vital. Carers are in an extremely vulnerable situation and participation can make people change, as exemplified in this quote:

When I came to the Association, I came because... because I was depressed. They taught me first to take care of myself, because it is important that a as a caregiver you take care of yourself. And they have taught me... how to deal with the disease that my mother is suffering, which for me was a complete unknown. That to me has helped me, first, when I had her at home to take better care of her and, above all, to take care of myself. Because if I do take care of myself, that is, if I am down, bottoming out, I could hardly take care of her. What support have I got through the association? I have had group-therapy, which has helped me a lot knowing that there were other people who were experiencing the same thing. I had training to understand the disease, and ... well, all this has made it possible for me to live peacefully… So in short, for me the association has been like... my salvation. (AFA)

Self-care is a key point emphasized by the family carer’s associations, although the meaning and purpose of self-care is differently articulated in different organizations. One way of framing self-care emphasized the purpose of ‘good care’. Another approach was more a ‘survival approach’, with stories about how members have passed away before the person they care for. Self-care is necessary and without this may not be able to continue to give care at all. Here self-care was related to getting time-off care and meet with other carers. Self-care is embodied in a weekly lunch with the members of the organization, as one representative argued: “The Thursday lunch is sacred. It may seem silly but it is not. It is like group therapy” (Cuidate). A third way of approaching the issue of self-care was related to redistribution, learning to negotiate care responsibilities, claiming rights and so on; not only to “go on caring, caring, and caring better” (Pilares). That the organizations point out that family carers are being more and more recognized at an institutional level can be interpreted as a way of reinforcing the family care regime; the state and local authorities attempt to avoid responsibility.

In Nancy Fraser’s work on social justice, she emphasized that the struggle for recognition needs to go hand in hand with struggles for redistribution. She is concerned about the tendency of recognition claims to marginalize claims for redistribution. In the interviews
redistribution claims were more strongly articulated among feminist organizations, trade unions and social workers’ organizations, while the family carer’s organizations stressed recognition more strongly than redistribution. The balancing of claims in this way is problematic, but can be understood in the context of the family care regime. As the head of a national carer’s organization argued, the local association are focused on attending to the needs of the older dependent people and their carers and this takes time and efforts from political claims for more resources, effective implementation of the law, and reinforced social rights. It is a dilemma, hence, that the associations fill the gap in social welfare and provides services, help and support that the local administration should be responsible for. While the intuitional context and the prevailing care regime delimits the struggles for recognition and redistribution, the interviews reflect the ways in which cultural justice is intertwined with economic justice.

The day will come when we will become visible, and celebrate Carer’s Day. And that day we will demonstrate precisely for this, so we are not invisible any longer. Because so far I think we are a little bit invisible…Quite invisible. Most people know that there are many who are caring for relatives at home, without anything in return, that is, that it is work that we are doing, without receiving anything in return. You cannot even go to work somewhere else where you would get Social Security, and in the future have a ... I have spent ten years taking care of my father. And I say, ‘See? As I do not work outside the home, I happen to be the one who has taken responsibility of caring for my family. But of course, tomorrow I will not have a ...a pension, of course, I've been there caring…all the time. (CUIDATE)

In the above quote, the representative of a carer’s association argues in favour of a Carer’s Day, associated with being recognised a collective with specific needs, with claims for equal status in social interaction and with cultural revaluation of care work. At the same time, the need for such social/cultural recognition is justified with reference to the unpaid work and economic injustice.

Framing ‘problems’ and ‘solutions’: Domestic care work
In spite of their presence in care for older dependent people domestic workers were totally ignored in the Dependent Care Act. Domestic work has historically has been constructed as ‘non-work’ or ‘different’ work with weak social and labour related rights. The legal reform of Household Employment of 2011 addressed the labour- and social rights of domestic care workers. At a policy level domestic workers were thereby reframed towards workers with ‘equal rights’. However, given the character of reproductive work and the home as a workplace, household employment is conceived of as inherently different from productive work in the public sphere. From this also follows that there are still special rules regarding household employment that makes these the rights and protection of these workers weaker than for other workers. For instance, they do not have the right to unemployment benefits and they can be legally dismissed at any time, ‘don’t come back tomorrow’, just referring to loss of confidence.

The new policy is interpreted as recognition of domestic workers as workers. At the same time the organizations criticize the illegitimate gap in social and labour-related rights between domestic workers and other categories of workers. The economic crisis and austerity measures are recurrently referred to the context which inform the workers’ conditions and
which harshly hinders a positive change. In fact, the crisis is also preventing change because the new regulation is not in effect implemented:

The welfare state and a number of things were dismantled, and now with the crisis, everyone has used the crisis as an excuse… when these great legal changes are adopted, social security from the first hour and all these things, the crisis comes. And so: “Great, this is a huge advance!”. Sure, on paper, on paper ... That's pure paper. (SEDOAC)

The struggle for domestic workers’ rights is articulated as a political struggle; as one interviewee said: ‘this is a political problem!’. Hence claims for social justice are central. When the category of carer in focus is the domestic worker, the struggle is focusing on their recognition as workers. The organizations find it necessary to emphasize that domestic work is work. The organizations emphasize workers’ rights, dignified work, and equal rights. The objective is two-fold; a policy change for equal rights and an effective implementation of the policy in force. The common objectives and goals are related to the norm of ‘equal rights’; domestic workers should have the same rights as other workers. The ILO Convention 189 concerning decent work for domestic workers is a key reference although it has not been ratified in Spain. Still, the Convention legitimizes their struggle for equal rights and the organizations advocate for ratification.

There is a connection between the Dependent Care Policy, and particularly the care-allowance, and the insertion of migrant domestic workers in care for older people. In legal terms the care-allowance does not permit families to employ someone else as primary carer, but the use of the care-allowance is not monitored and so there is this link in practice.

There are many people who work as domestic workers, who are getting paid as a result of the Dependent Care Act as well. So on one hand there is a little game among many families who are receiving the care allowance for family care, little money, it really is very small indeed, ultimately they end up employing a domestic worker, informally hiring that is, because there cannot be a real contract because it is assumed that they, the family are doing the job, then it is paid in black money. This work leads to many people being irregular, they are not regularized, but they do the work of course, so you have a person working as live-in, caring for a person, with great care needs, many hours a day, and you pay maybe 450 euros. So it is true that there have been many denounces of such abuses (FPF)

That domestic workers are solving the care deficit under exploitative conditions is underlined. The organizations stress that domestic workers are a collective of exploited workers, underpaid and overworked. With the new regulation domestic workers have right to at least minimum wage (645 Euros) but in practice many receive salaries bellow that. The new regulation also regulates working time and yet many domestic workers do overtime hours without pay. Given that domestic workers form a particularly vulnerable group of workers, it is necessary to attend to their working conditions, salaries and social rights.

The organizations emphasize the situation of the most vulnerable workers; migrant workers, and informal workers. While the idea of reinforcing the worker identity of domestic workers is fundamental, some mobilizing occurs surrounding the common identity as ‘migrant women’. Migrant workers are a central category in the organizing of domestic workers. This is because migrants are inserted in this work as ‘cheap labour’. Then, migration
policy and regulations maintains them attached to this work, particularly as live-in workers. They depend on the employer for an income but also for work permits and residency. Some associations organize talks and workshops with the aim of empowering female migrant domestic workers emphasizing their rights as workers and migrants but also working to improve their self-esteem, capacity of negotiation etc. To claim rights in a receiving country is very difficult and the migrants sometimes consider to possibility to claim rights as ‘utopia’. The fact that the work is performed in the home, in isolation, is highlighted as rendering the workers more vulnerable.

Within the category of migrant informal workers the most problematic group, the undocumented migrant working informally as live-ins to care for a dependent older person. Live-ins is a category with special rules within the regulation on Household Employment. That this category of worker is sought particularly for care work with dependent older people follows the logics of care for the very sick older people who need attention and care 24 hours, day and night. This category of workers can be the primary and only carer as they live only with the person they care for. Hence, these workers suffer from particular problems due to their isolation, their migrant status, and dependency on the employer and the intensive care work. They can also suffer from not being able to sleep because they have to provide help and care also in the night-time. Still, they do not get any recognition or remuneration for night work. In fact, the employers even have the right to reduce the salary of live-ins with the motivation that they receive part of it in kind; e.g. food and housing. The problem of isolation, and total dedication to the care for the older person was recurrent in the organizations. The workers ‘do not have a ‘life’. These problems are also intrinsic to the logic of caring of older people in the domestic work sector.

In the case of live-ins they do not want you to have a family, so that you do not have to attend to other care responsibilities. Because if you are a live-in and you have family responsibilities, then you may start saying that “today I can’t” or you have to leave to take care of your child care or so…The profile they ask for in the case of live-ins is that of a person who does not have any networks … or many personal relationships, or any care needs to attend to. That gives them the confidence to say: “you will care for mi only, and it is the only thing you will do”. (Path of care)

The relation between care for older people, domestic work and skill is complex. The care work that domestic workers do is skilled work, in the sense of a very important life-sustaining reproductive work, but also in some cases in the sense of nursing care. The organizations underline that this work often requires skill in social care as well as nursing care considering that the people they care for are often very sick and frail, sometimes with Alzheimer and other dementias. Contacts with doctors and nurses are also tasks that are included in the work. The director of a migrant domestic workers’ organization, working herself as a live-in domestic worker for an old lady, says about the requirement of nursing care: ‘I had to learn all of it’. At the same time, it is emphasized that domestic workers often do not have the education or formal training to do the job, and they cannot be expected or required to have training either. The skills acquired are not valued. While skilled work is performed by domestic workers they are not recognized as skilled workers. The responsibility implied and the skill required to do this work is not reflected in the pay-check, quite the contrary:
For sure you also have to keep in mind that is not the same to care for a healthy person, a person with Alzheimer's ... a person with Parkinson's, a person who is in a wheelchair, a person who one must lift up from bed, you have to do a thousands of things. Yes, and for these women ... I am one of those who have said, and I hold on to this, I do not care for a person with Alzheimer's for less than 1200 euros. No no no no. And they are paying four hundred and five hundred euros. A person... in that state. Yes. That is the greatest abuse of all. (SEDOAC)

The link between worker’s conditions and adequate care appears now and then in the narratives of the organizations interviewed. Even though the mobilization surrounding domestic work focuses strongly on the workers and workers’ rights, the position of the older people receiving care is also problematized. There is a preoccupation about the situation of older dependent people, who are considered to be largely abandoned by the state, society and even by their own families. This is explained with reference to the low valuation of older people and their life experiences in current society. Some families leave all the responsibility to the domestic worker, who sometimes has to justify the long absences of grown-up children to the older person. That the care the older people receive is good care is questioned by the very conditions of the work itself: exploited and overworked carers cannot adequately take care of a dependent person.

Through the stories of domestic workers we know what the reality looks like, and older people do not get the care they should have ... No, clearly not. That is, the other day one our members said she had been working six months caring for a person day and night. And this person woke up at night about five times, because she was in very bad condition. So when I heard her say that one person during six months had been waking up five times a night, and would be able to sleep, one of the things I thought is that poor older woman was suffering as a doomed and did not get enough help. Because nobody should be six months without being able to sleep. In other words, they had left this woman in the hands of a domestic worker who not a medical doctor. What I want to say to you is that here is the other part of the problem, and that part of the problem is that older people here are abandoned in the hands of people who have no training, and they do not have any reason to have it. (ATE-ELE)

The relationship between the care-giver and the person cared for can be seen as a relation of mutual vulnerability. Many of the older people who need care have very modest pensions and can only with great difficulties pay for care. Both the domestic worker and the older person may find themselves in economic difficulties. And the organizations stress that the state is responsible for this situation, given the abandonment of older people.

Organizations see professionalization as a desirable but difficult or even impossible. Professionalization is difficult because this strategy contradicts the objective to keep costs down and maintain care provision cheap. Nonetheless, they do propose ways of professionalizing the work. This idea is to establish different categories of household employment where care work for dependent people would to recognized for its specific character and linked to higher salary. Care for dependent people would thereby be valued as more skilled work than other tasks that are included in the current legal regulation of household employment.
... Because of course you can say that you should get the same salary for ironing shirts that you get for are caring for a person with Alzheimer, that is, we have already said how it should be ... we elaborated a law proposal that we still have at the office today, that distinguishes between tasks, and so on. We do not think it is a good thing that the Spanish law does not recognize qualifications, or degrees of knowledge, nothing. Everything is the same pay, the same conditions ... but I mean ... we are here to struggle for this, to recognize categories and so on. What happens is that our fight now is not there, because we cannot believe in it... (ATE ELE)

A dilemma appears as some representatives mention that improving the conditions substantially would make the system of ‘migrant-in-the-family’ care unsustainable. For instance, when it comes to the most ill older people you would need three people to the work the 24-hour live-in domestic worker does. The households would not be able to pay for such care in the home. As for now this care is the cheapest for of care, and it is in the interest of the state and policy-makers to keep costs down. This translates into a great obstacle for change, including goals for redistribution. Still, there are hopes that this model of care will ‘explode’ one day. One way of promoting real change is, as one representative points out, to continuously tell the stories about how older people are cared for, under what conditions they give care. The activities of the organizations include legal counselling, reporting abuses and exploitative working conditions, elaborating statistics, organizing demonstrations and campaigns to make domestic workers - and the care work they perform - visible.

In the case of domestic workers the struggle for recognition of care work addresses the institutional level of recognition. The organizations attempt to catch the policy-makers’ attention, to claim responsibility and to form alliances surrounding the issue of making care work visible and valuable. That this is a political struggle is strongly emphasized.

Concluding reflections

How are struggles for recognition of care work articulated in the context of the Spanish care regime? This is the questions that the paper aimed to investigate. When it comes to family care the struggle for recognition is articulated in less political terms. In the family carers associations particularly the problem remains articulated as ‘helping carers to care’. The activities emphasize self-care, sometimes in the sense of care better, psychological and mutual support. Thereby recognition is about intersubjective recognition, to be seen and hear by peers in the specific context of the associations. Matters of redistribution and the gendered division of caring labour are issues that are dealt with in the feminist organisations and the social workers’ organizations. In the case of domestic workers the struggle is framed more clearly as a political struggle about distribution of resources and responsibility, the problem of domestic work is understood in the larger context of the ageing population, the welfare state, retrenchment, changing families and migration. The struggle emphasizes ‘equal rights’, to recognize domestic workers as equal to other workers. At the same time, the invisibility and little valuation of care work within this sector is problematized. Proposals to professionalize the work involves the idea of establishing categories of tasks according to skill, where care for dependent people would be better remunerated than other tasks within the legal regulation of Household employment. Yet, in this aspect, the organizations consider that there is an even
longer way to go than to get recognition of equality. There is also a dilemma here: there is scepticism about recognizing domestic workers as a legitimate category of care workers within the welfare system of eldercare. And if visibility comes with revaluation and redistribution, and domestic workers get regulate working conditions, salaries and rights, domestic care services would no longer be as sustainable care model. The ‘interest’ of the state is clearly in the roots of this matter.

References


